

120 South Riverside Plaza
 22nd Floor
 Chicago, Illinois 60606
 Phone: (312) 655-1500
 Fax: (312) 655-1501

WELSH & KATZ, LTD.

RECEIVED
 CENTRAL FAX CENTER
 SEP 28 2004

Fax

To:	Primary Examiner, F. Poinvil U.S. Patent and Trademark Office.	From:	L. Friedman
Fax:	703-872-9306	Pages:	2
Phone:	Date: 9/28/04		
Re:	Serial No. 09/490,540 Docket No. 7251/78196	CC:	

Urgent For Review Please Comment Please Reply Please Recycle

Primary Examiner Poinvil,

An authorization for Mr. Zviel to act in a representative capacity in connection with the subject application is attached.

L. Friedman
 Reg. No. 37,135

IF YOU DO NOT RECEIVE ALL PAGES OR ARE HAVING TROUBLE, PLEASE CALL IMMEDIATELY (312) 655-1500 AND ASK FOR Suzanne Mattingly.

***** CONFIDENTIALITY NOTE *****

The documents accompanying this facsimile transmission contain information which may be confidential or privileged and exempt from disclosure under applicable law. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying distribution or use of the contents of this information is without authorization and is prohibited. If you have received this facsimile in error, please notify us by collect telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

SEP. 28. 2004 9:55AM

WELSH & KATZ, CHICAG

NO. 0296 P. 2

Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: KIPNIS et al.	RECEIVED CENTRAL FAX CENTER
Application No. 09/490,540	SEP 28 2004
Filed: 25 JAN 2000	
Title: PORTABLE TRANSACTION DEVICE	
Attorney Docket No. 7251/78196	Art Unit: 3628

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
David Zviel	41,392

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Name L. Friedman			
Signature 	Date 28 SEP 2004		
Registration Number 37,135	Telephone 312-526-1534		

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- BLACK BORDERS**
- IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- FADED TEXT OR DRAWING**
- BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- SKEWED/SLANTED IMAGES**
- COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- GRAY SCALE DOCUMENTS**
- LINES OR MARKS ON ORIGINAL DOCUMENT**
- REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- OTHER: _____**

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.